			~				<u>(3</u>	~					
PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Number			
Effective October 1, 2000								0989 4481					
CLAIMS AS FILED - PART ((Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			33.					RATE	FEE		RATE	FEE	
FOR			NUMBER FRLED		NUMBER EXTRA			ASIC FEE		OR	BASIC REE		
TOTAL CHARGEABLE CLAIMS			33 - minus 20:s		: 13			X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS .			8 - minus 3 -		` S			X40=			X80-	400	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	700	
" If the difference in column 1 is less than zero, enter "O" in column 2							L			1			
CLAIMS AS AMENDED - PART II								TOTAL	Щ.	OR.		1344	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	ОЯ	OTHER SMALL		
MTA	. ;	CLAHAS REMAINING AFTER		HEAR NUM PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
DME	Total	• /8	Minus	- 3	FOR _		╽┠	XX 9=	FEE.		X\$18=	FEE	
IIS L	Independent	• 6	Minus	8		- 0	 	X40=	-	OR S	X80=	/	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-/-	OR		- /-	
7-14-05								+135=		ОЯ	+270=		
	1/-17 03							YOTAL DOT, FEE	1	OA	YOYAL ADOIT, FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS (COLUMN 3)										•	(
MENDMENT B	: 	REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ĮŽ.	Total	· /,8_	Minus	• 2	3	- /	lГ	X\$ 9-		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF M	Minus ULTIPLE DEF	*** >	CLAIM	•/	$I \subset$	X40=		OR	X80≈		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
	1						A f	YOTAL DIT, FEE		OR	YOYAL ADOIT, FEE		
70	plaslos	-			•								
AMENDMENT C		CLAURS REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA	ÌΓ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ĮŠ.	Total	· 18	Minus	• 3	3	• /] [X\$ 9=	/	OB	X\$18=		
	Independent	• 6	Minus	••• }	3	9	11	X40=		OR	X80=/		
		NTATION OF M					ا ا	+135=	/	OR	+27/0=		
"If the entry in column 1 is less than the entry in column 2, write "V in column 3.											ATOTAL		
1 1	"Il the Teghast Number Previously Paid For BY THIS SPACE is less than 20, enter 20." ADDIT. FEE The Teghast Number Previously Paid For (Total or Independent) is the highest number bound in the exprepriate box in column 1.												

FORM PTO-676 (Rev. 8700)

A Office, U.S. DEPARTMEDIT OF CONDERICE